

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended. Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10136</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Ralph</u> <u>Remirez</u> P O Box, Bldg Room No if any <u>P O Box 833</u> Street <u>1427 7 1/2 Avenue</u> City <u>Kingsburg</u> State <u>California</u> ZIP Code + 4 <u>93631-0833</u>	4 Name file number and address of labor organization Name <u>Teamsters Local 746</u> Labor Organization File Number <u>011-931</u> P O Box, Building and Room Number if any <u>P O Box 833</u> Street <u>1427 7 1/2 Avenue</u> City <u>Kingsburg</u> State <u>California</u> ZIP Code + 4 <u>93631-0833</u>
5 Position in labor organization <u>Secretary-Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box, Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a Nature of Interest Transaction or Income _____ _____ _____ 7.b Amount _____

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Signed Ralph Ramirez

On

8/10/2005

Date

(559) 897-3148

Telephone Number

Name of Person Filing Ralph Ramirez

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Joint Benefit Trust

Trade Name if any

P O Box, Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c. is checked give trust or employer's name

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 11 a Nature of such dealing

Multi-employer Health and Welfare Trust providing benefits to the members of Local 746 The approximate dollar value in item 11b is an estimate of the monthly premium paid to the Trust for members of Local 746

## 11 b Approximate dollar value of such dealing

\$716

## 12 a Nature of interest held or income received

Item 12b includes reimbursement for travel and incidental expenses incurred while attending periodic trust meetings and the estimated value of lodging and meals provided in connection with such meetings See attached schedule for dates and locations

## 12 b Amount

\$5 460

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name if any

P O Box, Bldg Room No if any

Street

City

State ZIP Code + 4

## 14 a Nature of payment

13.b Is the Business an Employer ☐ or Consultant ☐ ?

## 14 b Amount of payment

## Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name Heath Services Benefit Administrators

Trade Name if any

P O Box, Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

## 9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name Joint Benefit Trust

Trade Name if any

P O Box, Bldg Room No if any P O Box 2479

Street 160 Airway Boulevard

City Livermore

State California ZIP Code + 4 94551-2479

## 11 a Nature of such dealing

Health Services Benefit Administrators (HSBA) administers the Joint Benefit Trust Fund The amount in item 11b is the fees paid to the administrator during the plan year ended April 30 2004

11 b Approximate dollar value of such dealing

\$3 001 807

## 12 a Nature of interest held or income received

HSBA provided dinner subsequent to a meeting of the Executive Board of the Teamsters Cannery Council on October 18 2004 in Reno Nevada

12 b Amount.

\$85

Name of Person Filing <b>Ralph Ramirez</b>	File Number <b>U-</b>
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**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <b>Vision Service Plan</b></p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any</p> <p>Street <b>3333 Quality Drive</b></p> <p>City <b>Rancho Cordova</b></p> <p>State <b>California</b> ZIP Code + 4 <b>95670</b></p>	<p><b>9</b> Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10</b> If 9 b or 9 c. is checked give trust or employer's name</p> <p>Name <b>Joint Benefit Trust Fund</b></p> <p>Trade Name if any</p> <p>P O Box, Bldg Room No if any <b>P O Box 2479</b></p> <p>Street <b>160 Airway Boulevard</b></p> <p>City <b>Livermore</b></p> <p>State <b>California</b> ZIP Code + 4 <b>94551-2479</b></p>	<p><b>11 a</b> Nature of such dealing</p> <p>Vision Service Plan (VSP) provides vision claims administration to the Joint Benefit Trust Fund The amount in item 11b is the fees paid to VSP during the plan year ended April 30 2004</p> <p><b>11 b</b> Approximate dollar value of such dealing <b>\$57 655</b></p> <p><b>12 a.</b> Nature of interest held or income received</p> <p>VSP provided half of the cost of food and beverages for a reception hosted by the Teamsters Cannery Council which was held subsequent to their annual seminar in Reno Nevada on October 19 2004</p> <p><b>12 b</b> Amount. <b>\$19</b></p>

Name of Person Filing <b>Ralph Ramirez</b>	File Number <b>U-</b>
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**Part B Continuation Page**

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name <input style="width: 80%;" type="text" value="Teamsters Life"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="160 Airway Boulevard"/></p> <p>City <input style="width: 80%;" type="text" value="Livermore"/></p> <p>State <input style="width: 20%;" type="text" value="California"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94551"/></p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c. is checked give trust or employer's name</b></p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box, Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p><b>11 a Nature of such dealing</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Teamsters Life provides life insurance to the employees of various Teamsters Locals The amount in 11b is zero as Teamsters Life does not provide insurance to the employees of Local 746</p> </div> <p><b>11 b Approximate dollar value of such dealing</b> <input style="width: 100px;" type="text" value="\$0"/></p> <p><b>12 a. Nature of interest held or income received</b></p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>Teamsters Life sponsored a reception for attendess of the Teamsters Cannery Council seminar held on October 18 2004 in Reno Nevada</p> </div> <p><b>12 b Amount.</b> <input style="width: 100px;" type="text" value="\$38"/></p>

**LM-30 Part B**  
**Year 2004**

Name of Trgst Fund

Joint Benefit Trust

Name of Trustee

Ralph Ranurez

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (Incidentals)	Total
January	1/25/ 1/28/04	Board Meeting Four Seasons Resort		\$ 457 22	\$ 858 00			\$ 1 315 22
								\$
February								\$
								\$
March								\$
								\$
April	4/25-4/38/04	Board Meeting Half Moon Bay	\$ 90 00					\$ 90 00
	4/25 4/28/04	The Rife Carlton Half Moon Bay		\$ 411 71	\$ 943 92			\$ 1 355 63
								\$
May								\$
								\$
June								\$
								\$
July								\$
								\$
August	8/01 8/04/04	Board Meeting Carmel	\$ 140 25					\$ 140 25
	8/01 8/03/04	Quail Lodge		\$ 518 89	\$ 998 79			\$ 1 517 68
								\$
September								\$
								\$
October	10/24 10/27/04	Silverado Napa		\$ 219 32	\$ 821 94			\$ 1 041 26
								\$
								\$
November								\$
								\$
December								\$
								\$
Totals			\$ 230 25	\$ 1 607 14	\$ 3 622 65	\$	\$	\$ 5 460 04

**LM-30 PartB  
Year 2004**

Name of Trust Fund Health Services Benefit Administrator\*, Inc

Name of Trustee

Ralph Ramfraz

**S**

Month	Date	Event	Expense Reimbursement	Meals	Lodging	IFOEBP Reg	Transportation (b/dentate)	Total
January								\$
February								
March								
April								
May								
June								
July								
August								
September								
October	10/18/2004	Cannery Council Meeting		\$ 85 00				\$ 85 00
November								
December								
Totals			\$	\$ 85 00	\$	\$	t	F 85 00